

Abstract 304

TITLE: HIV/AIDS Among Aboriginal Canadians, American Indians and Alaska Natives

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OBJECTIVE: To compare the HIV/AIDS epidemic among Aboriginal Canadians (AC) and among American Indians and Alaska Natives (AI/AN).

METHODS: Canadian AIDS data were derived from the national AIDS Case Reporting and Surveillance System as of December 1998, and Canadian HIV data were obtained from incidence/prevalence studies among Aboriginal persons or high risk populations with Aboriginal identifiers (1992-98). American AIDS and HIV infection data were extracted from CDC HIV/AIDS Surveillance Report to June 1998, and American HIV data were obtained from seroprevalence studies between AI/AN (1989-1993) and AI clients of the Phoenix Indian Medical Center walk in clinic (1996-97).

RESULTS: In Canada, 2.5% of the cumulative 12,769 AIDS cases with known ethnic status (79% of total cases) were imported as Aboriginal (263 males and 58 females). The proportion of Aboriginal AIDS cases has increased from 2% before 1989 to more than 10% in 1997/98. About 29% of AC AIDS cases occurred among people <30 years of age. In USA, 0.3% of the cumulative 664 480 AIDS cases with known race/ethnicity were indicated AI/AN (1,541 males and 307 females), and 26% of AI/AN AIDS cases occurred among people 00 years of 1 age. When compared with AI/AN AIDS data, AC AIDS data showed a similar proportion of cases attributed to women (17% vs. 17%) and any IDU exposure category for both adult men (33% vs. 33%) and adult women (56% vs. 46%). Of the studies done among AC or high risk persons with Aboriginal identifiers, the prevalence rates were 230% in IDUs, 0-2% in STD clientele, 0.4% in native alcohol/treatment center clientele, and 0% in pregnant women. Of the few studies done among AI/AN in USA, the prevalence rates were 1.9% in clients of the walk in clinic, 0.6% in STD clientele, 0% in alcohol/treatment center clientele, and 0.03% in pregnant women.

CONCLUSIONS: Comparison of the AIDS epidemic among AC and AI/AN is difficult because a significant proportion of Canadian AIDS cases does not record ethnicity (21% vs. 0.1% in USA). Despite this, evidence indicates that the AIDS epidemics between AC and AI/AN are similar in terms of age, gender and risk category distribution. Prevalence data also suggest similar rates between AC and AI/AN. These data can assist us in the development of targeted prevention and strategies for AC and AI/AN and we may be able to learn from each other.

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